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ABSTRACT

This paper discusses the results of a study that investigated the effectiveness of the Vermont Best Practices for Educating Students with Serious Emotional Disturbances in Their Local Public Schools and Communities project. The purpose of the project was to use best practices in the development of programs and services for students with serious emotional disturbances (SED) and their families, so that the students could remain at their local public schools, or plans could be developed so that the students could return from alternative placements. The model programs and support services that were developed through involvement of the Best Practices project focused on parent and student centered services, family-school collaboration, collaborative teaming, classroom accommodations, peer support, instructional support services, teaching prosocial skills, interagency involvement, behavior management, and transition planning. The effectiveness study included 36 students (grades K-12) in 27 Vermont schools. Results indicated that all but two of these students were successfully educated within the regular education classroom in their local public school. (CR)

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Michael Stayed in the General Education Classroom

Introduction

Best Practices (Best Practices for Educating Students with Serious Emotional Disturbance in Their Local Public Schools and Communities) was a three year grant funded by the US Office of Education and Rehabilitative Services. The purpose of the grant was to use best practices in the development of programs and services for students with serious emotional disturbance (SED) and their families, so that the students could remain at their local public schools, or plans could be developed so that the students could return from alternative placements. The grant was a collaborative effort between local Vermont schools, the University Affiliated Program of Vermont (UAP), the Vermont Interdisciplinary Team for Intensive Special Education (State I-Team), and the Vermont State Department of Education, Division of Instructional Support Services. Mechanisms with local and state Departments of Education, Mental Health, and Social Services were developed to facilitate the model programs.

The model programs and support services that were developed through involvement of the Best Practices project focused on parent and student centered services, family-school collaboration, collaborative teaming, classroom accommodations, peer support, instructional support services, teaching prosocial skills, interagency involvement, behavior management, and transition planning.

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Method

Subjects and Sites

A total of twenty-seven schools in twenty-two different school districts across Vermont participated as sites in this project. All the sites had students with serious emotional disturbance as defined by the Federal Educational definition of severe disabilities and serious emotional disturbance (P.L. 100-476 of 1990), or Vermont's Act 264 definition of severe emotional disturbance (Vermont Act 264 of 1988).

The school sites chosen for participation in the project met the following criteria: (a) administrative commitment at the building level for educating students with serious emotional disturbance within the regular education environment; (b) willingness to establish a "school-wide planning" process to assist in developing plans for implementing best practices for all students (Fox & Williams, 1991);

(c) on-site case manager for each student with serious emotional disturbance involved in the project; (d) commitment from school administration and school staff to in-service training and participation in the project; (e) commitment to provide school based family support services and to involve parents in all aspects of students' programs; (f) commitment to communicate with and involve local mental health and social service agencies to support each student's program needs; and (g) willingness to use an individual student support team process (Hamilton, Welkowitz, Mandeville, Prue, & Fox, 1995) to assist in developing and implementing educational activities for at least one student with or at risk of serious emotional disturbance.

The thirty-six participating students with SED, in grades K through 12, were either at risk of removal from their educational setting or were returning to their regular educational setting from a more restrictive placement.

Intervention

An individualized approach to each student and school participating in this project was emphasized. A school planning team was formed at each school site. The school planning teams involved administrators, school board members, parents, regular educators, and special educators, a member of the school's instructional support team, other community mental health and social service agencies, and local community members. One focus of the school planning team was to examine existing educational practices and to recommend changes and improvements which would enhance the education of all students. Additional activities included: (a) identifying resources which were available to the school; (b) determining the availability of best practices for students; (c) identifying support needs of students, families, and staff; (d) identifying needed changes in school policy and service related delivery; and (e) developing an

policy and service related delivery; and (e) developing an action plan for attainment of one goal as determined by the school planning team.

Individual student planning teams were formed around each child and their family. Members of these teams attended a Fall Institute which focused on using a functional assessment process (Hamilton et al., 1995) to determine areas of need for the student, identifying and making educational accommodations, and using a problem solving process to identify prevention, teaching, and response strategies for problematic behaviors by the student. Each individual student planning team typically included the student's parent(s), classroom teacher, special educator, guidance counselor, a member of the school's instructional support team, and the school principal. Extended Team members included the State I-Team regional consultant, representatives from mental health, social services, and other relevant community agencies.

The purpose of the student's planning team was to support and assist the teacher in developing and implementing the student's educational activities, to provide a vehicle for home-school communication and support, and to develop transition plans between grade levels, schools, and into adulthood. Typical activities of the student planning team involved: (a) identifying training and information needs; (b) developing long-range educational plans for the student; (c) adapting and accommodating regular education activities; (d) problem solving and implementing strategies for problematic behavior; and (e) accessing mental health and social services agencies for needed services.

Evaluation

The project used quantitative and qualitative methodology to evaluate outcomes. Semi-structured interviews were conducted at the beginning and end of each school year with the students with SED, their peers, their parents, and their regular and special education teachers.

Surveys and questionnaires were completed at the beginning and end of each school year by the student's family, his or her peers' families, the student's administrator, and regular and special educator. Members of the students' individual support teams completed a survey in regard to their teaming process and their success in addressing the needs of students with SED. T-test analyses were conducted for each question to determine whether the participant's response prior to participation in the project was significantly different from their response following participation, support, and training.

A behavior checklist was also completed at the beginning of the school year and at the end of the school year by: (a) the student, if eleven years old or older, using the Youth Self Report (YSR; Achenbach, 1991b); (b) his or her teachers, using the Teacher's Report Form (TRF; Achenbach, 1991a); and (c) his or her parents, using the Child Behavior

and (c) his or her parents, using the Child Behavior Checklist (CBCL; Achenbach, 1991). T-test analyses were conducted to determine whether the scores were significantly different for each of these measures following training, support, and participation in the project.

Results

This project involved thirty-six students with SED who were in grades K through 12 in twenty-seven schools in twenty-two different school districts, their respective families, educational and related service providers, community based service providers, and communities. All but two of these students were successfully educated within the regular education classroom in their local public school.

Surveys and Checklists

There were no statistically significant differences in how the classmates' families ($N = 174$) responded to the Family Survey questions (see Table 1), or for the administrators' responses ($N = 13$) on the Administrator's Survey (see Table 2), between the first and second administration. Overall, their responses were neutral in regard to any of the given statements.

There were several statistically significant differences for the teachers' responses ($N = 30$) between the first and second administration (see Table 3) of the General Education Teacher Survey and Special Education Teacher Survey, and in how team members ($N = 118$) responded between administrations of the Individual Student Planning Team Survey (see Table 4).

There were no statistically significant differences between the pre- and post-administrations of the CBCL, YSR, and TRF. The students with SED continued to be perceived by others and themselves as having behaviors within the clinical range following participation in the project.

Semi-Structured Interviews

The students did not specifically attribute their experiences to being in inclusive classrooms; however, three themes did emerge from the data that were related to going to school with typical peers. These included how students solve problems, how students cope with challenging situations, and a student's desire to help others.

All of the educators were asked what effect inclusion had on them professionally and personally. Their responses focused on: (a) quality of education for the student; (b) awareness of individual student differences and needs; (c) awareness of the needs of all students; (d) patience, workload and stress; and (e) style of teaching. When the responses from the two interview sessions with each teacher were compared, it was found that the educators' perceptions did not change. For example, if their perceptions were initially negative in

example, if their perceptions were initially negative in regard to inclusion of students with serious emotional disturbance in the regular classroom, they remained negative, despite the student's program being successful overall.

With the exception of one participant, the special educators in this study felt that inclusion had made a positive impact on their professional and personal lives. One of the primary benefits was that the educators felt they were able to work as a team to serve these students.

With respect to parents' involvement in the team process, the results indicated that parents varied in the degree to which they felt like a full team member with an equal voice in decision-making. On one end of the continuum were parents who expressed minimal involvement with the teams, and at the other extreme were parents who indicated that they were "most definitely" full team members, with equal say in all decisions regarding their children.

Discussion

Students with SED are often viewed as the one group of students receiving special education services who cannot be successfully included within the regular classroom environment in their local public schools. Few studies, however, have been done in schools which fully include these students in the regular classroom.

In the Best Practices Project, the development and implementation of educational strategies which emphasized prevention and the teaching of replacement skills allowed almost all of the participating students to continue to receive their educational services within the regular education classrooms. The findings from the project evaluation suggest that with adequate school-wide planning and access to training, and use of an individual student support planning team process, peers, parents, administrators, special educators, and regular educators are willing to have students with SED within the regular classroom in their local public school.

Based on these initial findings, the above study is now being extended to include up to forty rural school sites across the nation. It is expected that participation as a site will lead to supportive and proactive interagency planning and inclusion of children and youth with SED in their general education classroom in their local public school in other rural states.

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